

PRV – Enrollment Processing of Nursing Facility Providers

Purpose:

The purpose of this procedure is to enroll Nursing Facility providers into Medicaid

Identification of Roles:

Provider Enrollment Specialist
Department Of Human Services (DHS)

Performance Standards:

- a. In response to provider enrollment inquiries, send 95% of the provider enrollment packets to the provider no later than one business day following the receipt of the request from the provider.
- b. 95% of the provider enrollment applications must be approved, assigned a provider number, entered in the provider file, denied, or returned to the provider for additional information within 5 business days of receipt of the application.
- c. 100% of the provider enrollment applications will be verified against the appropriate licensing entity and against the additional specialty credentials.
- d. 100% of the providers will have valid licensing criteria and the specialty credentials at the time of approval of the provider enrollment application.
- e. Identify and correct errors within one (1) business day of error detection

Path of Business Procedure:

Step 1: Receive scanned enrollment packet from the mailroom into the PRV 01 queue in OnBase. Documents include

- a. Provider Application form
- b. W-9 form
- c. Medicaid Provider Agreement
- d. Attachment A

Step 2: Key word application (PRV 01)

- a. Select document and click on user task “Enter Keywords”
- b. Enter provider name, National Provider Identifier (NPI), Tax Identification number (ID) and provider type. Select submit.
- c. Click on user task “complete”. The document will move to PRV 03 Applications queue

Step 3: PRV 03 Application queue-Give me work

- a. Open PRV 03 applications queue
- b. Select document
- c. Double click on user task “Give me Work” the application will move to PRV 03 “My desk”

Step 4: Provider Enrollment specialist will review the documents for completeness. (See Enrollment guide for detailed enrollment guideline) from “My desk” in PRV 03

Enrollment

- a. If all criteria are met, and the Certification and Transmittal (C/ T) is received from the DHS designee, move to “d”.
- b. If the enrollment packet is not complete double click on user task “send to my desk (Needs letter) for missing information, move to step 5.
- c. If the C/T has not been received email the Long Term Care (LTC) enrollment specialist that you are waiting for C/T and send the application to the unit lead queue to be held for the C/T. Once C/T is received request the application be moved back to your desk to continue processing.
- d. If application is complete check the following data bases:
- e. Open the Office of Inspector General (OIG) website search by provider name, import results into OnBase.
- f. Open System for Award Management website- search by provider name, import results into OnBase.
- g. Check MCSIS terminated list on the PRV_Data share drive under Enrollment, import results into OnBase.
- h. Verify NPI- Open NPPES website search the NPI registry, import results into OnBase. If NPI verify matches enrollment application, continue processing. If NPI verification did not match enrollment application move to step 5 to send incomplete information.
- i. Open Iowa Secretary of State (SOS) website. Click on search databases, business entities-enter the name of the business enrolling, import results into OnBase. If status anything other than active move to next step. If active continue processing.
- j. If name is found on any of the data base checks or has marked yes to questions 28 or 29 on the application or has indicated anything in section A of Attachment A send application to Unit lead queue in OnBase for approval. The enrollment supervisor will research results and forward application to program Integrity for approval if needed.
- k. If “a”, “d-h” complete with clear results move to step 8

Step 5: Needs letter for missing or incomplete information

- a. If all required documents are not present or if required documents are incomplete. Generate a request letter to the provider for incomplete or missing information. Select the “Create Letter” user task and follow prompts.
- b. The application will move to the missing information waiting for additional information queue.

Step 6: Documents Returned

- a. Documents are returned from the provider and attached to the packet in missing information. The application is moved back my desk of the enrollment specialist to continue processing.

Step 7: Deny Application

- a. If the provider does not meet criteria, issue an enrollment denial letter. Select the user task “Deny” and create the denial letter and place in out box to be mailed.
- b. If the provider does not return missing information the application is moved to the deny queue after 60 days.

Step 8: Enter into the Medicaid Management Information System (MMIS)

- a. Access file 9 (Provider Master File)
- b. By using the MMIS Provider Master File, check by tax ID number or Social Security number and provider name to determine if the provider is already on file. If not on file, continue processing.
- c. Use option “A” in the Provider Master File to “Add a Provider”
- d. Enter 08 for the first two digits of the new provider number for Nursing Facilities, for Intermediate Care Facility for the mentally Retarded (ICF/MR) enter 088 for the first three digits of the new provider number, for Residential Care Facility (RCF) enter 089 for the first three digits of the new provider, for Nursing Facility for Mentally ILL (NFMI) enter 085 for the first three digits of the new provider number, and for hospital based Skilled Nursing Facility (SNF) enter 065 for the first three digits of the new provider number. The MMIS generates the remaining digits of the provider number using the next available number.
- e. Enter the provider’s information in the blank fields using the information from the provider application. (Reference Enrollment Guide)
- f. Enter Claim types N, V and X on screen 2, press enter, press PF4 to move to screen 4
- g. Enter the provider’s bed data from the C & T on the bottom of screen 4. Press Enter
- h. Press enter. The MMIS will validate the information entered and determine if any duplicate provider exist based on the Tax ID or Social Security Number (SSN). If all is correct, press enter again.
- i. Continue to step 9.

Step 9: Notify Provider Cost Audit

- a. Create a memo to notify Provider Cost Audit and Rate setting of the provider type and provider number. Provider Audit and Rate setting will enter the facility rates in the Provider Master File

Forms/Reports:

Provider Enrollment Forms
Quality Assurance (QA) Report
MMIS Screen Prints

RFP References:

6.4.1.1.3

Interfaces:

OnBase

Core- As new providers are enrolled into the Iowa Medicaid Program, the MMIS generated Provider Welcome Letters will be mailed by the core. The Core Unit will also mail a provider manual and claim forms with the Welcome Letter when the new provider is a Home and Community Based Services (HCBS) Waiver provider.

Department of Human Services (DHS) Nursing Facility Designee
Providers

Department of Inspections and Appeals Licensing Staff

Medicaid Management Information System (MMIS) -The Provider Enrollment Staff adds new Medicaid Providers to the Provider Master File (PMF) and the MMIS automatically generates a Provider Number and Welcome Letter to these providers. Providers with demographic changes are maintained in the PMF. Providers who submit claims electronically must sign a Trading Partner Agreement (TPA) with the Core's EDI Office and that information is then entered into their PMF in order for their claims to be submitted electronically.

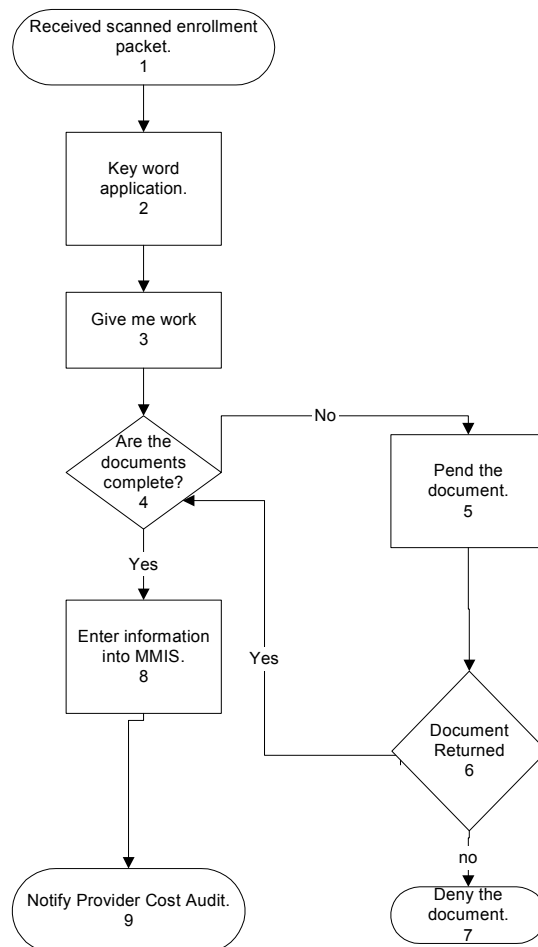
Attachments:

Attachment 1

IME Operational Procedures Requirements Flowchart

ENROLLMENT PROCESSING OF NURSING FACILITY PROVIDERS

Enrollment Specialists



Attachment 2

Enrollment documents:

<http://www.ime.state.ia.us/Providers/Enrollment.html>

Attachment 3

IME Operational Procedures MMIS Welcome Letter pg 1

DATE

PROVIDER NAME

PROVIDER ADDRESS 1

PROVIDER ADDRESS 2

PROVIDER CITY, STATE ZIP CODE

Dear Provider Name **{MMIS PROVIDER NAME}**:

Welcome to the Iowa Medicaid Enterprise!

We are pleased that you have chosen to join those providers who serve the health care needs of the Iowans who receive Medicaid benefits. It is your commitment to provide high quality services to Medicaid members that makes the Iowa Medicaid a success.

The Iowa Medicaid Enterprise Provider Services staff is available to answer any question that you might have about the Iowa Medicaid Program. The Iowa Medicaid provider manuals for our provider type can be found at the Iowa Department of Human Services website:
www.dhs.state.ia.us/policyanalysis/PolicyManualPages/MedProvider.htm

For those providers who do not have Internet access, a paper copy of the provider manual can be ordered by contacting Provider Services at 1-800-338-7909 or locally at 515-256-4609

Enclosed is a sheet that indicates your Medicaid provider number. Please remember to use your provider number when billing Medicaid. The enclosure also provides the names and telephone numbers to use if you encounter problems or have questions.

The success of the Iowa Medicaid program is dependent primarily on health care providers like you to furnish services directly to Medicaid members. Thank you for your participation in the Iowa Medicaid Program.

Sincerely,

Iowa Medicaid Enterprise
Provider Enrollment Unit

NOTE: BOLDDED TEXT IS NOT PRINTED, BUT IS TO EXPLAIN FROM WHERE THE DATA IS PULLED.

Attachment 4

IME Operational Procedures MMIS Welcome Letter pg 2

DATE

Provider Name
Provider Address 1
Provider Address 2
City, State Zip Code

This provider is associated with NPI: XXXXXXXXXXXX

This Provider number is associated with Federal ID: XXXXXXXXXXXX

This Provider number is linked to organizational NPI: XXXXXXXXXXXX

This provider is linked to organizational Taxonomy code: XXXXXXXXXXXX

This provider is linked to organizational Zip Code: XXXXXXXXXXXX

Physical location:

Claim Type:

HCFA-1500 claim form **{PRINT CLAIM TYPES FROM PROVIDER’S FILE}**

Your Iowa Medicaid provider manual explains how to bill Medicaid and how to obtain claim forms. Iowa Medicaid only provides the Targeted Medical Claim Form. If you have any questions or problems that relate to Medicaid billing, please write or telephone:

Iowa Medicaid Enterprise
Provider Services Unit
PO Box 36450
Des Moines, IA 50315

Toll Free	800-338-7909	(Monday - Friday except State Holidays)
Local	515-256-4609	7:30 AM to 4:30 PM

Sincerely,

Iowa Medicaid Enterprise
Provider Enrollment Unit

NOTE: BOLDDED TEXT IS NOT PRINTED, BUT IS TO EXPLAIN FROM WHERE THE DATA IS
PULLED.

Attachment 5

IME Operational Procedures MMIS Provider Number Generator

DHS - EXTRAS Personal Client

File Edit View Tools Session Options Help

PROVIDER SUBSYSTEM KEY PANEL

ENTER THE ACTION CODE: a A = ADD C = CHANGE D = DELETE I = INQUIRY

----- PROVIDER MASTER FILE -----

MEDICAID-NUMBER: 08

SOCIAL-SECURITY OR EMPLOYER-ID:

PROVIDER-NAME:

UPIN:

PROVIDER-TYPE/COUNTY:

DEA-NUMBER:

----- MEDICARE/MEDICAID CROSS-REFERENCE FILE -----

MEDICARE-NUMBER: MEDICARE-EFFECTIVE-DATE:

MEDICAID-NUMBER:

----- HMO/PREPAID HEALTH PLAN FILE -----

MEDICAID-NUMBER: PLAN-EFFECTIVE-DATE:

----- NABP/MEDICAID CROSS-REFERENCE FILE -----

NABP-NUM: NABP-EFFECTIVE-DATE: MEDICAID-NUM:

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- Use Option A in the Provider Master File "Add a Provider"
- Enter 08 for the first two digits of the new provider number for Nursing Facilities, for ICF/MR enter 088 for the first three digits of the new provider number, for RCF enter 089 for the first three digits of the new provider number, for NR/MI enter 085 for the first three digits of the new provider number. The MMIS generates the remaining digits of the provider number using the next available number.

Attachment 6

IME Operational Procedures MMIS Provider File Screens

DHS - EXTRAS Personal Client

File Edit View Tools Session Options Help

PROV: PROVIDER MASTER DISPLAY SCREEN 1 INQUIRY
CURR-DATE: 01/06/05 LAST-TRANS: 102204 USER: 925
PRACTICE NAME AND ADDRESS

P O BOX 510 CITY: DECORAH ST: IA ZIP: 521010000
TEL: 319 382 3603 CNTY: 96 WINNESHIEK TYPE: 20 INTER CARE OUT-ST: N
SORT-NAME: TAX-TYPE: E TAX-ID:
SPECIALTY DATE CERT SPECIALTY DATE CERT

LIC-NO: I-338 LIC-BEGIN-DATE: 110781 LIC-END-DATE: 999999 SNF-LOC:
CT-AGREE-IND: CT-BEGIN-DATE: CT-END-DATE:
APP-DATE: 010177 TYPE-PRAC: 06 NOT PROFIT OWN: 1 IND RECIP DEA:
---- ENROLLMENT ---- NUMBER OF OCCURRENCES ----
STATUS DATE CLAIM-TYPES (PF2): 1 WAIVER-TYPES (PF2): 0
1 ACTIVE 010177 BILLING-AGENTS (PF2): 0 GROUPS (PF2): 0
ADDRESSES (PF3): 1 HOLD-REVIEW (PF4): 0
RATES (PF4): 71 BED-DATA (PF4): 2
GROUP-MEMBERS (PF5): 0 BILL-AGT-MEMBER (PF6): 0
CLIA (PF7): 0 LAB-CLASSES (PF7): 0
NEW-PROV: CERTIFICATION (PF8): 0 DRG-DATA (PF9): 0
PREV-PROV: LAST-CLAIM-DATE: 122704 APG-DATA (PF9): 0

48 :02.3 04/02

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- Enter the provider's information in the blank fields using the information from the provider's application. (See screen shots for examples)

DHS - EXTRAS Personal Client

File Edit View Tools Session Options Help

PROVIDER: PROVIDER MASTER DISPLAY SCREEN 2 INQUIRY

CURR-DATE: 01/06/05

----- CLAIM TYPE SPANS -----

BEGIN END --CLAIM TYPES-- BEGIN END ---WAIVER TYPES---

010177 999999 N V X

GROUP BEGIN END GROUP BEGIN END GROUP BEGIN END

BILLING-AGENTS:

05/03

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- b. Enter the Claim Types N,V and X.

DHS - EXTRAS Personal Client

File Edit View Tools Session Options Help

PROVIDER: PROVIDER MASTER DISPLAY SCREEN 3 INQUIRY

CURR-DATE: 01/06/05

SPLIT-BILL: BILL-AGREEMENT:

PRINT-SUSPENSE: N DO NOT PRT MCAR-PART-IND: N MCAID-PART-IND: Y

PAYMENT-METHOD: M MAIL CHECK YEAR-END-DATE: 1231 COST-RPT-DATE:

EFT-ROUTE-ID: EFT-ACCT-NBR: CHK/SAV:

EMC-MEDIA: A ASAP RECORD-FORMAT: BPI: ELEC-TAD: Y

MPASS: N DATE: MAX: CURR: AGES: SEX: CURR/NEW:

MPASS-PHN: MPASS-FEE: N COUNTIES:

REMIT-MEDIA: H HARDCOPY REMIT-SEQ: 0 NAME FAX:

CORRES-MEDIA: H HARDCOPY TREAT-PROV-IND: PLAN-TYPE: VEND-ID:

THERA/OPTOM: N AUDIT: DATE:

SUR-CAT-SVC/CLASS-GROUP: EPSDT-IND: ER: N

CREDIT-BALANCE: AMT: 110.61 DATE: 122704 INIT-BAL-DTE: 122704

LIEN-HOLDER-PROVIDER: LIEN-DATE: LAST-WITHHELD:

LIEN-AMT-PAID: LIEN-BALANCE: LIEN-RSN:

LIEN-CHK-AMT: LIEN-CHK-PCT: UPIN: NPI:

RECOUP-AMT: RSN: CHK-AMT: CHK-PCT:

ADDRESSES: REMIT: 1 CHECK: 1 CORRES: 1 CARE-COORD: BEG: END:

----- PAY TO ADDRESS (2) ----- MAILING ADDRESS (3) -----

00.8 03/18

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DHS - EXTRAS Personal Client

File Edit View Tools Session Options Help

PROVIDER: PROVIDER MASTER DISPLAY SCREEN 4 INQUIRY

CURR-DATE: 01/06/05 CHARGE INFORMATION

DATE	M	FACTOR	DATE	M	FACTOR	DATE	M	FACTOR
000104	H	334.39	070104	H	339.44	040104	H	330.27
010104	H	322.04	100103	H	322.97	070103	H	328.42
040103	H	283.64	010103	H	277.53	100102	H	286.19
070102	H	276.80	040102	H	284.28	010102	H	283.65
100101	H	280.38	070101	H	275.48	070101	J	0.00
070100	J	2.60	100104	6	108.53	070104	6	110.61
040104	6	108.45	010104	6	105.07	100103	6	105.45
070103	6	107.69	040103	6	96.67	010103	6	96.67
070102	6	96.67	010102	6	94.07	070101	6	94.07
010101	6	89.92	070100	6	87.60	010100	6	80.92
080199	6	78.08	070199	6	77.34	020199	6	77.41

HOLD/REVIEW INFORMATION

BEGIN	END	T	LOW	HIGH	BEGIN	END	T	LOW	HIGH

INSTITUTIONAL BED DATA

DATE	TOTAL	NF	T18/ SNF	ICF MR	PSY	INP	DATE	TOTAL	NF	T18/ SNF	ICF MR	PSY	INP
030104	108	108	0	0	0	0	010103	126	126	0	0	0	0

01.2 04/07

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- Enter the provider's bed data from the C&T.
- Press Enter, the MMIS will validate the information entered and determine if any duplicate providers exist based on the Tax ID or SSN. If all is correct press Enter again.

Attachment 7

IME Operational Procedures Denied Application Letter



Iowa
Department
of
Human Services

DATE

PROVIDER
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP CODE

RE: Participation in the Iowa Medicaid Program

Dear Provider Name:

Thank-you for submitting an application to become a provider in the Iowa Medicaid Program.
We are not able to approve your application for the following reason:

- ☐ Your Provider Type is not recognized by the Iowa Medicaid Program
- ☐ You are not licensed to provide services at this location.
- ☐ You are not certified to provide the services for which you have applied
- ☐ This is a duplicate application. You are enrolled as Provider Number _____
- ☐ Other _____

If you have any questions, please contact us at 1-800-338-7909 or 515-256-4609

Sincerely,

Iowa Medicaid Enterprise
Provider Enrollment Unit